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REMARKS ON CHOLERA, WITH SPECIAL REFERENCE TO THE SEVERE AND COLLAPSED STAGES.

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[Communicated for the Boston Medical and Surgical Journal.]

Of the diseases incident to man, none, within the last thirty years, has attracted more general attention than cholera; formerly called Asiatic cholera, but at present, from its domesticity, known as frequently by the one name as by the other.

It would naturally be supposed, that, ere this, the treatment of this disease, even in its worst form and stages, would have settled down upon some fixed principles; but this can scarcely be said to be the case, while so many different and often such opposite remedies are introduced and strongly recommended in the various medical journals of our country and Europe, and while there continues so high a rate of mortality as is observed at this day. As the disease has been the present season in various places more prevalent than usual, and in many equally fatal as in former years, I have thought a few remarks upon some particular points would not prove unacceptable.

To those who are partial to theorizing upon subjects apparently beyond the ken of man, I leave those fruitful points of discussion, viz, the first cause of cholera, and the mode of transmission or extension from place to place—believing the following text of scripture to be peculiarly applicable:—"The wind bloweth where it listeth, and thou hearest the sound thereof, but canst not tell whence it cometh nor whither it goeth."

The principal objects of these remarks are, to direct attention to the possibility of preventing the approach of cholera when apprehended, of arresting it in its career if present, and to suggest a uniform, and, as I hope to show, a successful mode of treating a well-developed attack, and even the collapsed stage, the apparent hopelessness and great fatality of which have been the cause of the panic generally produced by the presence or anticipation of cholera. Since 1832, when the Asiatic cholera first made its appearance in Canada, whence it continued its march over the greater part of our country, it has occasionally shown itself, at irregular periods, in various places, and at all seasons of the year, without in any instance having had the cause assigned for its appearance as a distinct disease from the old-fashioned cholera morbus, provided in

every instance such difference clearly existed. It is to be regretted that the name of cholera should have been used to designate both this disease and one similar in character, though different in intensity, and more amenable to the power of medicine.

In expressing the opinion that it is possible to prevent the appearance of cholera in any place, when from its proximity such may be apprehended, I shall rely upon the facts shortly to be mentioned. One positive, important fact may be laid down :—that as the true object of medicine is to cure disease, the resort to such to prevent this, or any other disease, will end diastrously, for such a course is the surest mode of inducing an attack, there being no preventive known, other than a strict observance of the laws of hygeia, or nature. In endeavoring to prove that personal and public preventive means, timely resorted to, and efficiently enforced, can and will accomplish the desired good, I will cite the following facts. During the existence of cholera in Genoa, in 1835, where I chanced to be with my family, circumstances gave me the power to propose, and have carried out, certain suggestions, which by general consent were confessed to have worked well. The general prevalence, the exceeding severity and mortality of the disease, during its continuance in Genoa, are too distinctly remembered to require words of proof. While fear was hurrying out of town so many of the native physicians, that the government considered it necessary to interpose its veto by refusing to grant passports, I, as a stranger and an American M.D., though possessing the right to leave, wished not to avail myself of it, for having seen much of the disease in New York and Philadelphia, in 1832, I concluded I might, under the circumstances, render some service, and consequently became a daily visiter to the hospitals, as well as to the sick in their houses. Being seen daily in the hospitals, I was requested to give my opinion of the disease then raging, and, in complying with the request, embraced the opportunity of suggesting several measures, for the benefit of the large body of troops collected in the city, numbering about ten thousand. The prominent and most important suggestions were :—

1st. That there should be no other parades or turning out than those absolutely required for changing guard.

2d. The weather being chilly, with rain, that the soldiers, officers and men should change from summer to winter uniform.

3d. To distribute a better quality of bread and wine, than under ordinary circumstances would have been necessary, and also to allow the men a portion of fresh meat daily.

4th. To prohibit entirely the use of fruit and vegetables, both of which were in the greatest abundance, and to be had for the asking.

It is possible some others might have been added, but the above, having been mainly insisted upon, are the most particularly remembered. The results consequent upon a rigid observance of the rules laid down, were as follows. While the population, reduced by flight to about 60,000, was being more than decimated, the number of deaths among the troops was under fifty, a fact communicated to me by those high in authority, and conversant with all relating thereto.

Satisfied that such effects were the direct results of the causes assigned, does it not become a reasonable question, whether, in other places, under similar circumstances, the same happy consequences would not follow the adoption of similar rules, provided such could be as fairly enforced? The only or greatest difficulty that could present itself, would be the almost utter impossibility of enforcing, in our country, strict attention from every member of the community to the observance of such rules as could easily be laid down. In Genoa, on the contrary, this difficulty, as far as the troops were concerned, could not occur, for military laws ruling, and strict military discipline having been enforced, the directions were rigidly observed.

From a due consideration of the above facts, is it to be regarded as a forced conclusion, that cholera being apprehended, or really existing, certain sanitary measures can be proposed, which, if duly carried out, will result in effecting a real benefit, either by preventing its appearance, or if present, by mitigating its character and severity, or arresting its further progress. Let the public authorities exert their unquestioned right to recommend and enforce proper sanitary measures, and let each individual of the community perform his part in carrying out the plain rules which should emanate from a board of health, and who could say that the acknowledged terrors of that disease would not be materially lessened?

In all parts of the world, it has been universally conceded that cholera of a severe form is preceded by certain premonitory symptoms, which, when duly attended to, can be removed and the progress of the disease arrested. Conceding that these premonitory symptoms, as well as the first stage of cholera, timely and judiciously attended to, will be found of easy management, I will but cursorily notice what I have used with uniform success in these cases; as it is my intention to dwell more particularly upon the well-developed stage, and that of collapse, and to state the mode of treatment in such cases which I have found most generally successful.

Inasmuch as these premonitory symptoms, as well as those of the first stage, clearly indicate more or less derangement of the digestive organs, in which the liver performs an important part; I have found the following pills and cordial syrup as uniformly certain as it is in the nature or power of medicine to be. Powdered opium, two grains; powdered ipecac., one grain; cayenne pepper, six grains; blue mass, twenty grains. To be made into eight pills. The cordial syrup is made by mixing of the spiced syrup of rhubarb, two ounces; paregoric, half an ounce; tincture of cayenne, two drachms; tincture of ginger, half an ounce; spirit of camphor, two drachms; and orange flower water, one ounce. One of the pills may be taken every one, two or three hours, followed immediately, or in a short time, by one or two teaspoonfuls of the cordial syrup. Very rarely will more than one or two doses be required. The cholera syrup and pills, a more powerful preparation, which necessity has compelled to be kept on hand, I have used in the same cases, as well as in those more severe, with the greatest satisfaction.

We now approach the consideration of the fully-developed disease, with the vomiting, purging and other symptoms much aggravated, and

rapidly running into the collapsed condition. We find the fluids thrown up or poured out of the stomach without the least effort or straining, frequent involuntary watery and light-colored discharges gushing out of the bowels; and whatever is taken into the stomach, whether medicine or drink, is immediately rejected. The body is covered with a cold sweat, the pulse is falling rapidly in frequency and volume, the face presents a cadaverous hue, the eyes are sunk in their sockets, with a black or dark livid hue around, the tongue as well as the breath is cold, and severe painful cramps, in the lower extremities principally, are often present.

Now in such a condition of the body, it is not to be wondered at that few recoveries, by ordinary treatment, occur, and it may well be asked what now is to be done, with a fair prospect of success? That a great diversity of practice has been fully tried to meet this condition, all must admit; that no great measure of success has been obtained, is equally evident. Look at the returns from Barbadoes, where one ninth of the population has perished; and the returns from other afflicted places, although not quite so melancholy, leave nothing for the faculty to boast of. In the various medical journals of the United States and Europe, can we take up a number without finding some new remedy; and judging of the past, where will they each be found at the next visitation? If permitted me so to speak, when others, my seniors many of them, are to be alluded to, I would say, that when we take into consideration all the symptoms which collectively represent the disease cholera Asiatica in its severe form, it is not risking too much to assert that a single remedy cannot be found. We must abandon the idea of finding one remedy, or medicine, for such a purpose, as that would imply the existence of a specific, which cannot be admitted; for do we not find bark, mercury and sulphur, the so-called specifics for different diseases, fail, and that frequently? *Medicamenta non agunt sine in cadaver*; and while they are uniform, how different do we find the bodies on which they are to act.

It is not my intention to pass in review the various remedies or plans of treatment proposed and adopted for the cure of this disease, but I will proceed to notice that course which it is the purport of these remarks to strongly recommend to the consideration of all—premising, however, that should any member of our profession succeed in establishing a principle of treatment which shall surpass, as to the measure of success, that herein recommended, none will be more ready than myself to acknowledge it, or to resort to it for the purpose of benefiting humanity.

In reference to the probability of overcoming such a condition of the system as has just been noticed, and to the only course calculated to effect it, I think it will be admitted, that the principal, if not the only object to be aimed at, will be the effecting an entire change in the system, by producing a thorough re-action, which, once accomplished, will place the body in a condition amenable to an ordinary mode of treatment. It may be remarked, that the re-action following will rarely if ever be found to produce that condition of the brain, so apt to result from a re-action produced by powerful stimulants conjoined with opiates.

In what manner to explain such effects from such a cause, it is difficult to determine; but as it is the opinion of many accurate observers that the nervous system is the part of the body primarily acted upon by the morbid poison of cholera, whatever that may be, we may not incorrectly attribute the result of the treatment recommended to the impression made upon the nervous system, in a mode not easily explained, by which the *fons et origo morbi* is removed. The means whereby so desirable an end is to be brought about, consist in the exhibition of an emetic, of a powerfully stimulating and perturbing character, and which, as far as my experience goes, really merits all the praise that can be awarded to it. This emetic is composed of the following ingredients:—The strongest flour of mustard, two tablespoonfuls; table salt, four tablespoonfuls; powdered Jamaica ginger, two tablespoonfuls; powdered African cayenne, one teaspoonful. This preparation is to be mixed with two or three pints of hot water, and swallowed by the tumblerful at a time, in rapid succession, until a powerful action on the stomach, as an emetic, has been produced. At times, I have seen one tumblerful cause a speedy effect; while in others, it has been necessary to force down several before the desired effect was produced.

Let us now take a summary view of the effect, resulting from this emetic as a means of cure, and of the vomiting or pouring out of the fluids from the stomach, as a symptom of the disease.

In the last, or as a symptom, we have the fluids poured out from the stomach and bowels, without effort; the pulse small, weak, often imperceptible; the voice weak, frequently scarcely audible; the tongue and breath cold almost as ice; the eyes sunk in their orbits, with a black or livid circle around the lids, and extending more or less over the face; a profuse cold sweat, cramps in the muscles of the limbs, of the lower especially, and not seldom in those of the abdomen, with an insatiable thirst, and a sensation of heat or burning in the stomach. What do these tremendous effects of the disease indicate, but that the serum of the blood is being carried off through the stomach, bowels and skin, while what remains of the vital fluid is concentrated and locked up in the large internal organs?

We will now pass to the effects almost immediately produced by the vomiting caused by one or more tumblersful of the emetic, and observe the surprising difference.

Shortly after having swallowed this emetic, we shall have produced powerful straining followed by a forcible ejection of the contents of the stomach, and almost simultaneously, or in a short time, the following consequences. A full bounding pulse, a hot skin and warm perspiration, the tongue and breath warm, the voice louder and more natural, the cramps gone, the expression of the face more natural, the lividness or peculiar hue of the face and hands replaced by one more natural, and with a cessation of discharges from the bowels. In fact there has been produced a complete re-action, the arterial system has resumed its natural play, and all, as far as my experience extends, without a single unpleasant consequence. Not unfrequently have I seen the patient in a short time fall into a sound natural sleep, varying in duration, and when

he awoke he would not present a single symptom of the disease as previously existing. Exhausted, weak, he would necessarily be, and requiring nourishment, and such medicines as the character of the disease would lead every one to suspect, or such as are known to act on the secretions, and restore a healthy action to the liver, and natural faecal discharges from the bowels.

In those cases where, after the action of the emetic, sleep did not so soon occur, there was an absence of the symptoms of the disease, without any tendency to a retrocession, with the same indications for nourishment, and the producing a healthy action of the liver, stomach and bowels by appropriate medicine. These indications were met by moderate quantities at a time of the different farinaceous articles; as gruel of rice, sago, tapioca, or arrowroot, or broths made of beef, mutton, chicken, and rice or barley; giving from time to time small quantities of brandy or wine, and cooling drinks made of flax seed, gum Arabic, or similar articles, as might be desired.

For the medicinal treatment, a dose of calomel, or blue mass, or two or three of the pills before noticed, followed by a mixture of the spiced syrup of rhubarb, ginger, &c., previously noticed, would in general be all-sufficient.

The system having been restored to this comparatively natural condition, it appeared to me that the time had arrived when it was proper not to strive to do too much, but rather to allow nature a fair chance to assert her prerogative, in completing a restoration to health. My rule then was to watch, and act according to circumstances.

In conclusion, believing my premises are correct, I think it must be conceded that all of the indications presented, by which to decide as to a successful mode of treating the several stages of cholera, are fulfilled by the exhibition of the emetic alluded to. I know that other remedies of a powerfully stimulating character, more especially if aided by external applications, whether frictions with hot salt and mustard, mustard, turpentine, or the aqua ammonia, or even the setting fire to alcohol or ether with which the abdomen or spine is moistened, will produce a reaction; but I also know, that in a large majority of cases so treated, there did and will result an affection of the brain, which almost invariably ended in death, proving the truth of the old adage of the remedy being as bad, if not worse, than the disease. I never saw such a result from the re-action caused by the emetic. I have never had cause to regret the use of it, but more than once seriously regretted that it had not been employed. I have used it at least one hundred times; but had it been used only once, and that the case of the Rev. Dr. Tallmadge, on a visit to this city, attended by Dr. Picton and myself, its true value, from the decided effects, would have been sufficiently established.

From a notice in your Journal and some others, it appears that Monsieur Breant, of France, has left a legacy to be awarded to whoever should succeed in discovering a cure for cholera. I am not certain that I have come up to the requisitions; but it does appear to me, that when we duly consider the real character of this disease, the different ways in which it displays its power, generally by the presence of all the symp-

toms enumerated, though occasionally, as recorded, by the existence of extreme and sudden prostration, as though the result of a poison, and terminating quickly in death—it may fairly be questioned if a nearer approach to what his legacy requires, will soon or more definitely be reached. Whether the course recommended shall eventually be recognized as the true mode of treating the worst stages of cholera, time alone can determine. As a member of the profession whose noble object is that of curing disease, I have endeavored to do my part towards systematizing a plan of treatment which, fairly and fully tried, will be found equal to the claims set forth in these remarks.

95 Camp street, New Orleans, Sept., 1854.

THE PREPARATION OF THE SUGAR OF MILK IN BAVARIA.

IN the portion of the Bavarian Alps known under the name of Allgan, where Alpine industrial economy is worthily carried on, excellent cheese is not only made, which equals the best kinds of Swiss cheese, but in a recent period milk-sugar has been also prepared there for medical purposes. The following is a description of the method by which the milk-sugar is manufactured. By means of rennet the caseine of the milk, heated to a certain temperature, is coagulated, and thus the cheese is obtained. For this purpose, either milk as it is (that is, such as still contains the butter), or such as has been churned to separate the butter, is taken. The latter affords less and poor cheese. From the former, the cheese is obtained fatty and good, in which the butter and cheese are intimately combined. Only a certain portion of butter remains behind in the residual liquid after the cheese has been separated. A little acid is mixed with the liquid, which causes the butter to separate and float on the surface as a scum, which is removed. The heating is continued, more acid added, and now a coagulum forms, which is skimmed off. From that which remains in the vessel, namely, the whey, the milk-sugar is made.

To purify the whey from accidental impurities, it is strained through a clean linen cloth into a well-tinned vessel, then boiled, and the scum constantly removed from its surface. Its evaporation is continued until when a spoonful of it is taken out, it does not pour away in fluid drops, but seems tenacious as a thin syrup. This mass is poured into a wooden vessel, and allowed to remain therein two or three days, by which it becomes thick, feels sandy, exhibits a brown color, and tastes sweet. This mass is now purified by means of fresh spring water, which is poured in rather large quantities into the vessels; the mass is often stirred and then allowed to remain quiet for some time until it is deposited on the bottom of the vessel. The dirty water is then poured off and fresh added, and the dirty water poured away from time to time until a fine white powder is obtained. The first water poured off may be used for fattening pigs, and the latter ones, which have rather a white color, and contain much milk-sugar dissolved, are evaporated as the whey. The white powder is milk-sugar, and must be converted into certain forms. It is thus crystallized. The pure white powder is dissolved in boiling

water, poured into a well-tinned vessel, and allowed to stand there for eleven to fourteen days. It forms fine crystalline sticks in the form of a cake. To obtain the crystals in the form of a sugar-loaf, wooden rods are introduced into the vessel, about which the milk-sugar crystallizes. After the time named, the sugar is taken out and dried, when it is fit for use.

The water remaining in the vessel is further evaporated, purified, and yields very fine milk-sugar, which is made into tablets by pouring moist powder on a wooden table covered with linen, allowing it to stand twelve hours, then cutting the mass into tablets and drying them.—*Annals of Pharmacy, from Buchner's Repertorium.*

CASE OF SOFTENING OF THE BRAIN—AUTOPSY.

Z. W——, a young man pursuing a somewhat sedentary life, of mixed temperament, and regular habits, was troubled for a long period with pain in the back of the head and neck. As he was not constantly under any one's care professionally, I have no means of ascertaining with accuracy all his symptoms. As nearly as I can ascertain, there were symptoms of gastric irritability to a considerable extent, such as vomiting, headache, &c. There was a gradual loss of health for many months, during which time he tried almost every kind of treatment, but adhered steadily to none. Whether this changeability was the result of mental disturbance and loss of force of thought, occasioned by the disease in the head, or was in consequence of unsettled opinions on medical subjects, I do not know; be this as it may, he was seen and prescribed for at different times by two regular physicians, by one or two homœopaths and by a Thomsonian. During the last few weeks of his life he had no medical adviser of any kind.

As the disease progressed, there supervened deafness of the left ear, and some disturbance of the nerves of the left side of the face. Various other troubles ensued, of which I could get no perfect account, from the fact that he had no professional adviser, and finally he expired.

At the autopsy, attention was first turned to the abdominal viscera on account of the disturbance they had seemed to undergo. The skin of the abdomen was natural and underlaid with a moderate layer of adipose tissue. The peritoneum was smooth, moist and healthy. The stomach and bowels exhibited no evidence of disease whatever, the only discolored portions being those changed by hypostatic congestion after death. The heart and lungs also proved perfectly healthy. The head was next examined, for which purpose the calvarium was removed. The scalp was found unusually vascular and gorged with liquid blood; the dura mater was pretty strongly adherent to the calvarium, and the arachnoid membrane spotted with patches of coagulated lymph. The veins of the pia mater were more gorged than usual, and the puncta vasculosa of the substance of the brain somewhat distinct but not very unusually so. On removing the dura mater with the scissors, about a tea-cupful of serum burst suddenly out of a rent in the posterior lobe of the

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cerebrum. On tracing the rent forward, it led to the left lateral ventricle. The right one communicated with it, the septum lucidum being pretty much destroyed, or at least, on cautiously searching for it, only the merest remnants could be discovered; possibly it was broken after death by the pressure of fluid from the right ventricle at the moment the effusion in the left was so suddenly evacuated. On raising the floor of the lateral ventricles, the third ventricle was found distended with fluid, and the *iter e tertio ad quartum ventriculum* was as large as a pipe-stem. The cerebrum was now removed entirely down to the isthmus. On raising the cerebellum from its bed, the posterior part of both lobes, the left especially, was found disorganized by gray softening. About one quarter of the organ was reduced to a gray watery pulp: the fourth ventricle was distended with serum, which communicated with the contents of the third ventricle through the enlarged *iter e tertio*.

In considering this case, I was struck with the ambiguity of symptoms which proceed from disease in the brain. In this case the sympathetic affection of the stomach and bowels had been altogether more marked than the direct head symptoms, so far as I could learn them. Again—what an ambiguity as to the seat of disease in the brain, as indicated by paralysis in the distant portions of the body. Here an effusion may go on in the fourth ventricle, it passes the *iter e tertio* into the third ventricle, and if the observations of some anatomists be correct, will easily find a free road into the fifth and lateral ventricles. In all this long and tortuous range of chambers, who shall say what organ will first be paralyzed by the pressure of the fluid if it falls short of fatal coma, or if the effusion is perverted as well as excessive and becomes acrid or irritating, as would be the case in erysipelas; who shall predict what portion of the cerebral substance which is bathed by it, will first feel its influence? It is obvious that from the anatomy of the brain, the effects of effusion in or around it may be spent upon portions quite distant from the seat of most active disease, and that in cases where blindness, or paralysis of some portion of the muscular system occurs before death, the observation of the position of the inflamed part in the autopsy will not settle the question of its position in any other case that may present the same paralysis. Other sources of error, from the fact that effusion tends to remove evidence of congestion, are also to be considered, and are duly dwelt upon by writers, but I do not think the source of error which I have mentioned is sufficiently considered by those who examine these difficult cases.—

Peninsular Journal of Medicine.

BIOGRAPHICAL NOTICE OF THE LATE DR. JOSIAH FOSTER FLAGG,
DENTIST, OF BOSTON.

[A BIOGRAPHICAL sketch of the late Dr. Josiah F. Flagg, of this city, appears in the last number of the American Journal of Dental Science, published at Baltimore. The article is inserted anonymously, but it is evidently from the pen of one intimately acquainted with the subject of his sketch. The name of Dr. F. has occasionally appeared, for a long

series of years, in the pages of this Journal, mostly as the writer of articles on the subject of Dentistry, in which branch of surgical practice he ranked among the leading ones in our city. It is proper, therefore, that an extended notice of his life should be presented to our readers. The sketch alluded to is copied entire, with the exception of a portion relating to the subject of homœopathy.—Ed.]

Dr. Josiah Foster Flagg was born in Boston, January 11th, 1789. His father, Dr. Josiah Flagg, was long known as the "Boston dentist," as he was almost the only person who confined his whole attention to the profession—dentistry being at that time in its infancy.

Dr. F. was the eldest of the family. He received but an indifferent early education, but improved his few advantages so well, as to be prepared to enter as a student of medicine under the tutelage of Dr. J. C. Warren in 1811. The circumstances under which he commenced his studies were very discouraging, as he had but few friends, no pecuniary resources, and from various causes his prospects were indeed gloomy. He sustained himself under these trials with unflinching courage, and sought, by unwearied industry, to discharge with fidelity the heavy duties resting upon him.

Dr. Warren, in allusion to Dr. F., at this period, states that "he was well educated as a surgeon, having devoted a year more than usual to his preparatory studies." "He discovered, at an early period, great mechanical ingenuity and mental activity."

In 1813, he undertook, in connection with Dr. Warren, the publication of a work on "The Arteries;" the first of the kind ever published; as the custom had hitherto been to describe the larger arteries with but little more minuteness than the smaller. The engravings were the work of Dr. F.'s own hand, and were executed with such remarkable skill, as to elicit the highest encomiums from the best judges. The work had a great sale, and in a short time the edition was exhausted; a second was contemplated, but from some cause not issued. The book is now rare; but, for beauty and accuracy of design and execution, will compare most favorably with the best works of the present day. A few years afterwards he prepared for Dr. Warren, drawings for a publication called "Comparative Views of the Nervous System." Dr. W. says, "the representations of the anatomy of the leech, lobster, oyster and centipede, were beautifully and accurately done, and would, I believe, do credit to any artist of the present day, for these were executed between thirty and forty years ago." "At an early period, he (Dr. F.) contrived various surgical instruments, particularly the bone forceps, which almost produced a revolution in the operative surgery of the bones. This was long before Liston's forceps, or any other that I know of."—(*Letter from Dr. J. C. Warren, February, 1854.*)

In 1821, Dr. F. published in the New England Medical Journal, Vol. X., page 38, a description of his improvements on Desault's apparatus for fracture of the thigh bone, with observations on the treatment, &c. This apparatus was introduced by Dr. W. into the Massachusetts General Hospital, and has been used in that and other institutions ever since, as the most perfect thing of the kind yet discovered.

After graduating in 1815, Dr. Flagg practised for some time in Uld bridge, Mass.; but was persuaded by Drs. Warren and James Jackson to return to Boston, where he commenced the practice of dentistry. About this time he married Miss Mary Wait, daughter of Mr. T. B. Wait, of the well-known firm of Wait & Lilly, printers and publishers. This union proved a most happy one. Dr. F.'s business now increased so rapidly, that he was compelled to relinquish almost entirely the general practice of medicine, though his inclination still led him to continue the treatment of disease in its chronic forms. For a long period he was almost the only person in Boston who could, with propriety, be termed a "surgeon-dentist,"* as his contemporaries, Drs. Randall and Greenwood, confined their attention to mechanical dentistry, leaving to him the more difficult surgical department.

In the fall of 1833, Dr. F. commenced, in connection with Dr. N. C. Keep, the manufacture of mineral teeth. In a note on the subject, Dr. K. says, "Dr. Flagg and myself had felt the necessity of a more durable article than the hippopotamus, cow's or human teeth. Even French porcelain teeth, of which there was a large assortment, though incorruptible, were unsatisfactory, because unnatural. After careful examination, we concluded that as yet nothing had been produced adequate to the wants of the profession or the community.

"At that time there were several dentists, who made and used teeth called by various names, such as 'mineral-paste teeth,' 'composition-teeth,' 'metallic-teeth,' &c. Feeling confident that I understood the views of Dr. Flagg, and that he, as well as myself, would be willing to pay well for knowledge of any important improvement in our art, I made personal application to one of the above, offering to pay a reasonable portion of the expense the art had thus far cost to those initiated into its mysteries.

"The answer received was short—'I have got the art, and it shall live and die with me!' No greater stimulus than this rebuff was required by Dr. F. or myself, to incite us to renewed exertions, which, we determined, should not cease but with success at least equal to that of our rival. A charlatan made his appearance soon after, who professed to understand the whole subject. He exhibited a few specimens, but would not impart the great secret and practical demonstration, unless the very moderate sum of \$1000 was first secured.

"After devoting ourselves exclusively to this pretended instructor, day and night, for about six weeks, my own house having been set on fire, and that of Dr. F. narrowly escaping a similar fate, we concluded that it would be best to pay off our *humbug*. Availing ourselves of such general principles as we had obtained respecting the materials used by him, we began anew our career, for as yet we had not made a tooth which satisfied us. We received aid from our friends, the chemists, who prepared for us pure colors, and from mineralogists, who procured excellent feldspar. We planned our course on the principles of science, and kept careful records of our progress. Our success was greater than we ex-

* I have since learned that T. W. Parsons, M.D., was practising in Boston at that time.

ted. In the course of six months, we had the pleasure of knowing it we could make the best mineral teeth."

After this time Dr. F. continued his experiments in this department of his business, with untiring zeal, until a short period before his decease, never resting satisfied with his attainments, but ever striving to improve; his aim being to elevate every department of his profession to the extent of his ability.*

In 1844-5 he conceived the idea of drilling into the nerve-chamber, in order to prevent the ill consequences arising from filling over the exposed or diseased nerve. After testing the operation for between two and three years, he published the result of his observations in the Boston Medical and Surgical Journal, January 27, 1847, with drawings illustrating the mode of performance.

In 1846 Dr. F. became involved in the somewhat famous ether controversy, taking an early and decisive stand against the legality of patenting such a discovery, and that, as a patent medicine, it should be used by professors of the medical school in the Massachusetts General Hospital, in violation of a by-law of the Massachusetts Medical Society. Though severely censured in some quarters, for the course he took, the justness of his views was at length acknowledged, and subsequently Dr. Jackson freely gave the whole thing to the public.†

In 1839 Dr. F. became interested in the almost unknown doctrine, at that time, of homœopathy, and the decided stand he took in favor of *the new system*, cost him the friendship of some of his oldest and best friends. He was the first to introduce it to the notice of the Boston public, and to the last of his life was a firm believer in the truths of its tenets. * * * * *

The School of Design for Women, in Boston, was among the latest of his public efforts. It is founded on the plan of a similar one in Philadelphia. Having visited that school, and becoming interested in its object, he conceived the idea of establishing one in his native city, and had the satisfaction of living to see it placed on a firm basis, as the State has recognized its utility, and testified its approbation by an annual grant of \$1,500 for three years.

As one of the pioneers of dentistry, in this country, Dr. F. deserves especial consideration. He ever regarded dentistry as one of the noblest of the professions; and it is no wonder that he watched carefully, and censured freely, anything calculated to lower it in the eyes of the public.

He was eminently a *benevolent man*; not of that class who do good for the praise of men. He ever labored in a quiet, private way, to benefit those who required and deserved assistance; and many, now prosperous in life, can look back with the most grateful emotions to the time, when, poor and friendless, they found in "the good doctor" a friend ever ready to assist, with counsel and purse, their early struggles with the world.

Having tasted the bitter cup of poverty and disappointment, and

* Dr. F.'s forceps are too well known to require any description.

† For the details of this controversy, see the Boston Medical and Surgical Journal, of November 18th, December 2d, 9th, 16th, 23d, 30th, and the public prints of that time.

knowing by sad experience the trials of striving against hope, he could the more readily sympathize with those, who, placed in similar circumstances, needed some one to encourage and advise them. Although his kindness sometimes met with ungrateful returns, he continued unwearied in good works, and never permitted anything to shake his confidence in, nor weaken his benevolent regard for his fellow man.

Of remarkably bland, gentlemanly address, and easy of access, he won the confidence and esteem of all who knew him. His probity was proverbial, his moral character of the highest tone, and his views liberal and enlarged. Accustomed to the free expression of his opinions, he rebuked presumption and imposture wherever he found it; and as he would never praise unless the object were really worthy, neither would he suffer any personal consideration to affect his estimate of moral or professional worth.

His last illness was but the crisis of a chronic disease. For years he had suffered from that terror of professional men—dyspepsia; and within the last few years of his life, each season found him more feeble than the preceding. Originally of a delicate constitution, the close confinement and laborious duties of his profession increased the tendency to gastric difficulties year by year.

After suffering most intensely from a neuralgic affection of the stomach, for some months, and which finally increased to such a degree that not even the lightest nourishment could be borne, accompanied by extreme emaciation of body and depression of spirits, his strength yielded, and he “became immortal,” departing this life December 20th, 1853.

LEAD CISTERNS AND PIPES IN A SANITARY POINT OF VIEW.

BY ROBERT DUNDAS THOMSON, M.D., F.R.S.L., AND PROFESSOR OF CHEMISTRY IN ST. THOMAS'S HOSPITAL COLLEGE, LONDON.

[THE following are notes of evidence, in the case of the Loch Katrine Water Bill, before a recent committee of the House of Commons. The corporation of Glasgow are desirous of obtaining the pure water of that romantic lake for the supply of the inhabitants; but the plan was opposed, on the plea of its great purity, and consequent rapid action on lead. This objection has been shown, by the present and other evidence, to be visionary.]

Having been consulted on the subject of the supply of water to Glasgow, Gorbals, Dumfries, Kilmarnock, Stirling, London, Newcastle, Swindon, Liverpool, &c., and very extensively on the sanitary condition of waters, the subject of the action of water on lead has for many years been familiar to me, and I have had considerable opportunities of meeting with cases where paralysis had been produced by the action of lead on the human system. As far as I can ascertain from the experience of hospitals, the occurrence of disease from the corrosion of lead pipes is an exceptional circumstance, if it has ever occurred in these institutions, the general cause of affections from lead being occupation in white-lead manufactories.

Waters, from whatever source, appear to act on a freshly-polished surface of lead. Thus, I have found the water taken from the Thames, Clyde, Gorbals water-works, Kypes river, Paisley water-works, Givel river, sources in the neighborhood of Glasgow, to act on lead; the greatest amount of saline matter in these specimens being in that of the Thames, which contains about 22 grains of solid residue in the imperial gallon, while the Givel contains only about 7 grains. Again, I find the water from a well at St. Thomas's Hospital, London, to act very sensibly on a fresh surface of lead, although the solid constituents in the gallon amount to about 100 grains. This experiment is further corroborated by a circumstance in reference to a well, respecting which I was consulted several years ago in Glasgow. The wells of Glasgow, like all those of large cities, are known to be impure. They contain from 15 to 100 grains of salts in the imperial gallon, and yet, on one occasion, water was brought to me which had been pumped through a new lead pipe from a well in a garden, which contained a considerable quantity of oxide of lead diffused through it. I inferred that the oxide of lead was principally in suspension, from the fact that when the water was filtered through a single paper filter, no lead could be detected in the water when it had passed the paper; and it is a well-ascertained fact that water, contaminated with oxide of lead, is entirely freed from it by permeating a filter of sand. All these facts relate to lead possessing a bright surface. For lead, when allowed to remain in these waters for a few days, ceases to suffer appreciable corrosion; or, if the lead be removed from the water, exposed to the air and afterwards immersed, but an insignificant action, if any, can be detected.

Loch Katrine water I examined several years ago, when it was proposed to be introduced for the supply of Glasgow. I considered it then, as I do now, a water admirably adapted for domestic use, and I have not had my opinion in the slightest degree affected by the laboratory experiment exhibited on the committee's table, as I am convinced, from my acquaintance with the subject, that if the Loch Katrine supply had been introduced into Glasgow, nothing would have been heard of its influence on lead. I found it to contain about 2 grains of solid matter in the gallon, its main constituents being organic matter, common salt, sulphate and carbonate of lime.

When lead, with a clean, bright surface is introduced into it, the lead is rapidly acted on, and white scales of oxide fall to the bottom of the vessel in which the experiment is made. When such water with the suspended oxide of lead is passed through a double filter of paper, the oxide is detained on the filter, and little or none seems dissolved in the water which passes through the paper. Hence it would happen, that should any corrosion occur on the first use of new lead cisterns, the insoluble oxide will be deposited at the bottom of the cistern, and will only intermingle, in a trifling degree, with the contents of the cistern; while in old cisterns, or after the new cisterns have become tarnished, no action will occur. But to prevent any corrosion on first using the cisterns or pipes, the plan sometimes adopted at Tunbridge Wells might be had recourse to, of brushing over the fresh surfaces with a coating of lime. No

description of water could be purer or better fitted for a beverage, or for culinary purposes, than the water supplied by lead pipes to the Trosach's Hotel, at Loch Katrine, where I lately tasted it when inspecting the experiments made under the charge of the engineer, at the outfall of Loch Katrine.

To set the objections at rest which have been urged against the use of Loch Katrine water, I may detail an experiment on a sufficiently large scale of a parallel nature, which has been in action for forty years. About 1814, a plumber at Tunbridge Wells, introduced, at his own risk, a spring of water, by means of lead pipes and lead cisterns, into the houses of that place. A similar objection was taken to its use, as on the present occasion. Traces of lead were even detected in some places in that portion of the water in immediate contact with the new lead cisterns, but none in the body of the water, or in the water discharged from the cisterns. Specimens of this water were sent to London in 1815, and tested by Dr. Thomas Thomson, without his being able to detect a trace of lead. I have a letter in the hand-writing of the late Dr. Wollaston, dated 27th of December, 1815, in which he states that he could detect no lead in water sent to London from Tunbridge Wells. Traces were occasionally detected in the new cisterns, and, as I was assured by the late Dr. Thomson, only on the margins in contact with the lead, the largest quantity obtained being one grain in twenty gallons. Yet, from these incidental results, the water supplied to the village was condemned by the opponents of the scheme as *poisonous*. But the water still continues in use; the village has increased to a large town of 10,000 inhabitants; it is a popular place of resort for invalids; and after careful inquiry, I have not been able to discover among its residents even a suspicion of its contamination by lead. I examined the company's engineer, who was employed at the original works, and laid down many of the lead pipes and cisterns in his capacity, at that time, of plumber, and persons in the town, residents of about twenty years, who assured me that they had never heard the subject of danger to water from lead pipes mooted.

When bright lead is introduced into this water, it is acted on immediately. It contains between 3 and 4 grains of salts to the imperial gallon, and is, upon the whole, one of the purest waters which I have examined in reference to the supply to towns. In examining the reservoir in which the water is retained for the supply of the town, I observed a perforated plate of lead, through which the water passed to the iron conduit pipe, which was covered with a coating of oxide of lead, precisely similar to the coat lining the lead-pipes which I have seen brought from Inverness, a town with whose water supply I am well acquainted. The plate, I was told, had been in this position for six years. The deposit was therefore insoluble, or nearly so, in the water, and acted as a protective covering against any further action on the lead. Hence it would appear that this water, by its rapidly oxidating power on lead, furnishes with so much greater efficiency security against further corrosion. Perhaps no stronger fact could be adduced in proof of the perfect confidence of the inhabitants of Tunbridge Wells in the sanitary quality of

the water than that, of which I was assured by the engineer, the company is now paying an annual dividend of 10 per cent. The original spring introduced for supplying the village is situated at about the distance of a quarter of a mile to the south, and is emitted from the northern aspect of a declivity. Many years after it was in use, from the increase in the population, the supply was found to be inadequate to the demand, and another spring, about a mile distant in the same direction, but issuing on the southern declivity of the same ridge, was collected in a similar reservoir of brick, and pumped into the village reservoir, to mix with the waters of the first spring, which is conveyed to its destination by gravitation. The second spring I found to be more rapid and more extensive in its action on lead than the water of the first spring, which alone, as far as I could learn, had attracted any attention; and even the circumstances to which I have already referred were quite unknown to any person with whom I came in contact. Still more recently, a third spring, under different management, but of very soft water, and therefore with the corrosive qualities upon lead of the waters affording the previous supply, has been introduced into the town, with the universal approbation of the inhabitants, as far as regards its wholesomeness, purity and softness.

Irrespective, then, of the probability that the Loch Katrine water will lose much of its corrosive power by its contact with the various strata over which it must pass in the conduit, during its flow to Glasgow, I am of decided opinion that no more permanent danger is to be apprehended, in reference to health, from the transmission of the water through lead pipes, and detention in lead cisterns, than there is in the case of other waters supplied to towns. I may add, however, that I have always recommended the substitution of iron and other materials, as water-pipes, as much as possible, for lead; and, even where lead is employed, that it should be alloyed with tin.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 27, 1854.

Excessive Study in the Public Schools.—Our city prides itself on the superiority of its public schools; and we think Boston is justly entitled to take the highest rank among the cities of the civilized world, for the facilities afforded by its citizens for the education of youth. But notwithstanding the large expenditures of money for the erection of beautiful and commodious school-houses, for mathematical and other instruments, for teachers, &c., all which give a character to our Boston schools, there does exist an evil in the present system of educating children, which seriously demands attention, and, if possible, a remedy. It is the ambition of the teachers of our schools, to have their scholars thoroughly instructed, and that they may appear well before the committees at examinations; and for that purpose, lessons in great numbers, and requiring toilsome study, are imposed upon them. No discrimination is made, as regards the mental or physical capa-

city of the individual members of a class, but *all* are required to be perfect in their answers, or else they lose their position in the class and school. Not one fifth of the time devoted to school hours is allowed for study, being occupied in recitations; and the severe tasks the poor children have in getting their lessons, must be apparent, when it is known that so long a time is required in reciting them. The scholars of the second class, for instance, have to commit to memory from *twelve to twenty-five* pages of geography, three to six pages of arithmetic, the same of grammar, three pages in spelling, besides exercises in reading, writing, &c. Now these lessons must be studied out of school, at the time which should be devoted to exercise and recreation. The imposition of such severe tasks upon young and growing children, must enfeeble their constitutions, and often incapacitates them, if they arrive at maturity, for enjoying life. We have seen many children who were ambitious to accomplish all that was required of them by their teachers; and to do so, the greatest portion of the twenty-four hours was necessarily devoted to their books, scarcely allowing time for taking their meals. It must be obvious to every one, that such close application to study, produces, in their turn, a train of diseases which cannot always be eradicated. Aching heads, loss of appetite, sleepless nights, inflamed eyes, with other deviations from health, are the accompaniments and the consequences of this excessive mental exertion. It is our intention, in a future number, to enter more into detail in regard to the condition of the present school system in this city, so far as it has a tendency to impair health and abridge life in the young; but in the mean time it is hoped that our school committee will give the subject their attention, and correct the abuse complained of.

Attempted Expulsion of a Member of a Medical Society.—It is understood that quite an animated, if not an *exciting* discussion, took place at a meeting of one of the medical societies in this city, last week, in consequence of one of the members retaining his fellowship, when it was known that for a misdemeanor, some years since, he was sentenced to the State Prison, and had since served out his term there. It was contended by some of the members, that he could not legally have *any* privilege of membership; that he had forfeited it, with his loss of citizenship, as a convicted criminal. Another view of the case was taken by other members, and so the society adjourned without coming to any definite conclusion.

The Disappearance of Cholera in Boston.—There were but four fatal cases of cholera reported in this city during the last week. The temporary hospital on Fort Hill has been closed, and will shortly be removed by the board of health. At no time since its appearance in the early part of summer, has it assumed an epidemic character; yet many deaths have been caused by it, and we have great reason to be thankful that it has now left us. We predicted, at its commencement, that there need be no fear of its becoming epidemical, as the board of health were active and prompt in cleansing the city; and besides, our abundant supply of pure water would have a healthful influence by keeping the *sewers* clean.

The want of a suitable Building for the Massachusetts Medical Society.—It is understood that the government of this Society have had it in contemplation, for some time, to purchase or erect a building suitable for meetings,

for its library, &c. It is a good move, and we hope no narrow-minded policy, that would defeat such a desirable object, will be entertained. If a good building were purchased or erected in a central location, its Hall and smaller rooms could always be rented to a profit, when their use was not required by the Society. Besides, such a building would present evidence of its *existence*, and also have a tendency to perpetuate it, and thus secure the influence and usefulness that were originally designed by its projectors. Among the great attractions in European cities, are the many splendid public buildings. Almost every society abroad, of any importance, either own or rent a building, specially held for its use; and the adoption of such a practice, has consolidated and made them useful. Let us, then, adopt a similar plan, and hope for a like result.

Death of Dr. Swett, of New York.—We regret to learn the death of John A. Swett, M.D., of New York. It took place in that city, on the 18th inst. Dr. S. was only 46 years of age, and his removal, in the prime of life, will be a severe loss to the profession and the public. The New York Daily Times, in noticing his death, says,

"He was one of the brightest lights of the profession in this city, and was perhaps the best specimen we could point to of a man thoroughly wedded to the department of science which he cultivated. He was above all cliques, recognizing none of them in his treatment of his brethren. He was courteous in his demeanor to all—as kind to patients of the lowest degree as he was honest to the highest. For many years he has been recognized as an authority of the first standing, especially upon diseases of the chest, on which subject a volume of his, published some year or two since, has become a most valuable text-book.

"His private practice was extensive, but he was much more largely known through his connection with the City Hospital, to fill one of the most responsible offices in which, he was elected about the year 1842. His minute pathological examinations, and their comparison with the diseases illustrated thereby in the living, made him one of the most instructive lecturers that walked the wards of that famous Charity, and his clinical classes were always large.

"He held, too, at his death, an important professorship in the Medical Department of the University (the Fourteenth-street School). In that institution he lectured with great success on the Institutes and Practice of Medicine. It will be difficult to make up for his loss to the class now about mustering there for the winter course of lectures. The disease of which he died was that form of kidney complaint known as "Bright's disease." It is a long time since a more actively useful man, or one who will be more missed, has fallen among us. Resolutions have been passed by a meeting of the physicians and surgeons of the hospital. They notice feelingly the labors of their confrère and his contributions to medical literature. We are happy to see that Dr. John Watson, of the Hospital, has been appointed to prepare a memoir and address on his life and services."

Suffolk District Medical Society.—The regular monthly meeting of this Society, for medical improvement, will be held at the rooms in Phillips Place, on Saturday evening, 30th inst., at 7½ o'clock. It is expected that Dr. Channing will deliver an address, or read a dissertation, on the occasion. A full and punctual attendance is desirable.

Arrest—Criminal Abortion.—Dr. Horace Stacey, of Court street, and Mrs. Robilla Worcester, of No. 37 Lowell street, Boston, were arrested last week on a warrant issued from the Police Court, charging them with being principal and accessory in causing the death of Mrs. Louisa M. Kimball, a married woman 25 years of age, of Bullard, Vt., in attempting to procure abortion. Mrs. Kimball died on Friday, the 15th inst., at the house of Mrs. Worcester, and Coroner Pratt was called to hold an inquest. In the Police Court the accused were ordered to give bail in the sum of \$10,000 for examination, and in default were committed to jail.

Medical Miscellany.—Dr. E. C. Rolfe, Professor of Obstetrics in the New England Female Medical College, has been appointed Professor of Physiology and Hygiene in the Tufts College—a newly-incorporated institution in this State.—Mary Ray, a squaw, and descendant of the ancient Mohican tribe of Indians, died in New York last week, at the age of 100 years.—Dr. Bartlett, formerly Mayor of Lowell, is represented to be very feeble in health.—Two hundred and fifty-eight persons died at Pittsburgh with cholera, in five days.—There have been 127 deaths at Charleston, S. C., of yellow fever, in one week.—Daniel Ames recently died, aged 100 years, 1 month and 10 days, at Montville, Conn.—The yellow fever continues to be fatally prevalent at Savannah, Augusta and New Orleans.—The smallpox is beginning to appear at various points in New England.—The Glen Haven, N. Y., Water Cure Establishment was destroyed by fire on the 13th inst. The patients (the papers say) *passed an unusual quantity of water*, and prevented the entire destruction of the building.

TO CORRESPONDENTS.—The following papers are on hand, and will receive early attention:—The continuation of Dr. Cartwright on the Sugar-house Cure of Consumption, of Dr. Cornell on Epilepsy, and Dr. Alcott on Mortality among Children; a translation from the French, respecting arsenic eaters; Dr. Mack on the use of Creosote and Morphine; and Dr. Rogers's essay on the Modus Operandi of Medicines.

PAMPHLETS RECEIVED.—"Diabetes Mellitus, an address read before the Rhode Island Medical Society, at their annual meeting, Providence, R. I., June 7th, 1854, by S. Clapp, M.D." This is a well-written address, furnishing evidence of a careful research into the history, cause and best treatment of this disease.—"The annual announcement of the Kentucky School of Medicine, session of 1854-55."—"Eikoplasty, or anaplasty applied to the treatment of old ulcers; also a new mode of treatment for delayed or non-union of fractured humerus. By Frank H. Hamilton, A.M., M.D. Professor of Surgery in the Medical Department of the University of Buffalo, &c." Like everything else from Dr. Hamilton's scientific pen, this little brochure is marked by evidences of skill both in surgery and authorship.

MARRIED.—At Glen Falls, N. Y., Marvin R. Peck, M.D., to Marcia Louisa Bemis, of New York.—At Fryeburg, Me., Charles H. Dana, M.D., of Laporte, Pa., to Miss Jane Warren, of F.

DIED.—At New York, 18th inst., John A. Swett, M.D., aged 46.—At Rochester, N. H., Samuel Pray, M.D., 85.—At Dover, N. H., Abraham Burnham Sanders, M.D., recently of Charlestown, Mass., 28 years, 8 mos.—At Milford, Mass., Mrs. Emily K. Davis, M.D., 33.—At Bangor, Me., Dr. J. B. Fiske, an aged physician, who dropped dead in the street.—Dr. John C. Hatch, Kent, Conn., 62, drowned.

Deaths in Boston for the week ending Saturday noon, Sept 23d. 88. Males, 41—females, 47. **Allegation (criminal),** 1—abscess, 2—accident, 2—apoplexy, 1—inflammation of the bowels, 1—disease of the bowels, 5—inflammation of the brain, 1—consumption, 11—convulsions, 2—cholera, 4—cholera infantum, 3—croup, 2—cancer, 1—dysentery, 11—diarrhoea, 1—dropsy, 1—dropsy in the head, 3—debility, 4—infantile diseases, 3—puerperal, 1—bilious fever, 1—typhoid fever, 6—hooping cough, 2—disease of the heart, 2—laryngitis, 1—inflammation of the lungs, 3—congestion of the lungs, 1—disease of the liver, 2—marasmus, 2—palsy, 2—pleurisy, 1—teething, 3—thrush, 1—worms, 1.

Under 5 years, 41—**between 5 and 20 years,** 10—**between 20 and 40 years,** 18—**between 40 and 60 years,** 12—**above 60 years,** 7. **Born in the United States,** 53—Ireland, 27—British Provinces, 1—England, 2—Germany, 1—Spain, 1—Portugal, 1.

Veratria.—The use of this remedy, both internally and externally, in rheumatic and neuralgic affections, has been often advocated; and now it is recommended in the Glasgow Medical Journal as an external application in scrofulous affections of the joints, and in all chronic non-malignant swellings of the joints, but inadmissible in active inflammation, as it is supposed to be an excitant of nervous sensibility, and not an anodyne, as some have supposed. It appears to have been successful in the discussion of those indolent tumefactions, for which iodine is a more common application in this country. It is applied by an ointment in the proportion of five or ten grains to the ounce of lard, being first dissolved in alcohol. We have often used it with better effect in double this strength, and not unfrequently as dissolved in alcohol, ten or twenty grains to the ounce, which is preferred by many to the unguent, particularly when used about the face. Diseases caused or attended by a want of vigor, are those most likely to be benefited by veratria; but its effects are believed to be facilitated by its use internally in doses of one-eighth to one-sixth of a grain three or four times a day, after eating. In hydrops articuli and effusions from sprains, dislocations, scarlatina, and measles, and chronic inflammation of the bursæ and tendons, the topical application of veratria is very efficacious.—*Memphis Med. Rec.*

ALBANY MEDICAL COLLEGE.—Two full Courses of Lectures are delivered annually, continuing, each, sixteen weeks. Degrees are conferred at the close of each term. Fees for a single Course, \$60; for both Courses (payable in advance), \$100. Graduation fee, \$20.

The next Course commences on Tuesday, the 5th of September, 1854; the Spring Course, on the 3d Tuesday of February, 1855. Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge. Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Anatomy.
THOMAS HUN, M.D., Prof. of the Institutes of Medicine and Materia Medica.

AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.

HOWARD TOWNSEND, M.D., Prof. of Obstetrics.
EZRA S. CARR, M.D., Prof. of Chemistry and Pharmacy. HOWARD TOWNSEND, Reg'r.
Albany, May 25, 1854. in 31—t Oct.

BALTIMORE COLLEGE OF DENTAL SURGERY.—The fifteenth regular session will commence on the first of November and close on the first of March.

CHAPIN A. HARRIS, M.D., Principles of Dental Surgery.

THOMAS E. BOND, M.D., Principles of Dental Medicine.

WASHINGTON R. HANDY, M.D., Anatomy and Physiology.

ALFRED A. BLANDY, M.D., Dental Practice.

PHILIP H. AUSTEN, M.D., Dental Medicine.

REGINALD N. WRIGHT, M.D., Dental Chemistry.

The month of October will be devoted to Instruction in Practical Dentistry and Anatomical Dissections.

In the Infirmary attached to the College, the student will find ample opportunity for Dental Practice. It will be kept open throughout the year.

Tickets for the Lectures, \$10. Matriculation, \$3. Diplomas, \$30. For further information address

P. H. AUSTEN, Dean,
Sept. 20.—2t 76 Sharp st.

CITY OF BOSTON.—City Physician's Office and Vaccine Institution, No. 21 Court Square.

Hour for Vaccination, from Twelve to One o'clock, daily.

Residence 35 Salem Street.

March 12—contt

HENRY G. CLARK,
City Physician.

UNIVERSITY OF LOUISVILLE—Medical Department.—The Eighteenth annual Course of Lectures in this Department, will commence on the 20th of October next, and terminate on the last of February, under the following arrangement:

BENJAMIN R. PALMER, M.D., Prof. of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M.D., Prof. of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M.D., Prof. of the Principles and Practice of Surgery.

HENRY MILLER, M.D., Prof. of Obstetric Medicine.

LEWIS ROGERS, M.D., Prof. of Materia Medica and Therapeutics.

J. LAWRENCE SMITH, M.D., Prof. of Medical Chemistry and Toxicology.

AUSTIN FLINT, M.D., Prof. of the Theory and Practice of Medicine.

T. G. RICHARDSON, M.D., Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The fee for admittance to the Lectures of each Professor, is \$15 100 in all, payable invariably in advance. Matriculation and Library fee together,

\$3; Graduation fee, \$25; Practical Anatomy and Dissection (ticket to be taken at least once before graduation), \$10. Rooms open from 1st October.

A preliminary Course of Lectures will be delivered, without additional charge, during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.—Ticket (to be taken once before graduation), \$5.

A Clinique has been established in connection with the University, at which cases are examined, prescribed for and lectured upon in presence of the class.

Good boarding can be procured at \$3 a week.

L. F. YANDELL, M.D.,
Dean of the Faculty.

Louisville, Ky., June 14, 1854. je 28—

RADICAL CURE OF HERNIA AND KINDRED DISEASES.—DR. HEATON continues to effect a radical cure of Hernia in all its forms (including not only reducible Hernia, but those cases heretofore considered irreducible), by his new method of treatment and operation, thereby rendering the use of trusses unnecessary. He also attends to the surgical treatment of Hemorrhoids, Prolapsus Recti, and Diseases of Females.

Patients from the country received, as hitherto, at his Infirmary, No. 40 Lincoln street. Office and residence, No. 2 Exeter Place, Boston.

Dec. 1—contt

FREDERICK HASLAM.—Manufacturer of SURGICAL INSTRUMENTS, TRUSSES, SUPPORTERS, &c., No. 147 Washington street, Boston.

Inventor of the *Spermatorrhoea Ring and Glass Reflecting Speculum.*

Nov. 3.